2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004
Secretary of State

DOCUMENT# N03000003672

Entity Name: FRIENDS OF CYPRESS GARDENS, INC.

Current Principal Place of Business:

1409 SHADWELL CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1409 SHADWELL CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS POSEY, BURMA
1409 SHADWELL CIRCLE
LAKE MARY, FL 32746

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DAVIS POSEY, BURMA	
Address:	1409 SHADWELL CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	ESKRIDGE, JANE	
Address:	1700 LESLIE ROAD	
City-St-Zip:	GREENSBORO, NC 27408	
Title:	D	( ) Delete
Name:	BOLDING, JAMIE	
Address:	1119 HALLENWOOD TRAIL SOUTH	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	BARKER, JANICE	
Address:	1080 WOODCOCK ROAD SUITE 280	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	SARCHET, CORBIN III	
Address:	1409 SHADWELL CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VP	( ) Delete
Name:	MCGILLICUDDY, GRACIE	
Address:	1409 SHADWELL CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURMA DAVIS POSEY PD 08/09/2004
Electronic Signature of Signing Officer or Director — Date